

**FEC FORM 3L****REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS  
AND LOBBYIST/REGISTRANT PACs**RECEIVED  
SECRETARY OF THE SENATE  
FEC RECORDS

12 APR 17 AM 11:25

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

McCaskill for Missouri 2012

ADDRESS (number and street)

PO Box 300077

Check if different  
than previously  
reported. (ACC)

St. Louis

CITY

DC

STATE

63130

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C C00431304

3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. STATE DISTRICT

MO

00

For Candidates Only

5. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

X April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)  
and/or Semi-annual ReportOctober 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)  
and/or Semi-annual ReportJuly 31 Mid-Year  
Report (Non-election  
Year - PAC/Party) (MY)  
and/or Semi-annual Report(b) Monthly  
Report  
Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)  
(Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)  
(Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7) and/or  
Semi-annual Report

Oct 20 (M10)

Jan 31 (YE) and/or  
Semi-annual Report(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)

General (12G)

Runoff (12R)

This report also covers  
the semi-annual period

Special (12S)

Convention (12C)

M M / D D / Y Y Y Y in the

Election on

State of

See Line 6(b)

(d) 30-Day  
POST-Election  
Report for the:

General (30G)

Runoff (30R)

Special (30S)

This report also covers  
the semi-annual period

M M / D D / Y Y Y Y in the

Election on

State of

See Line 6(b)

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

This report covers

M M / D D / Y Y Y Y  
01 01 2012

through

M M / D D / Y Y Y Y  
03 31 2012

and/or

January 1 - June 30

July 1 - December 31

7. Total Reportable Bundled Contributions by  
Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

33000.00

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. Kathryn Jayne Drennen

Signature of Treasurer

Mrs. Kathryn Jayne Drennen

Date

M M / D D / Y Y Y Y  
04 13 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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Only**FEC FORM 3L**  
02/2009

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